

# THE JOURNAL OF HYPNOTISM

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GEORGE ROGERS

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*The Amazing POLGAR Reveals His Professional Secrets!*

## THE STORY OF A HYPNOTIST

**My Adventures in Telepathy, Hypnosis and Memory**

By **FRANZ J. POLGAR** with **KURT SINGER**

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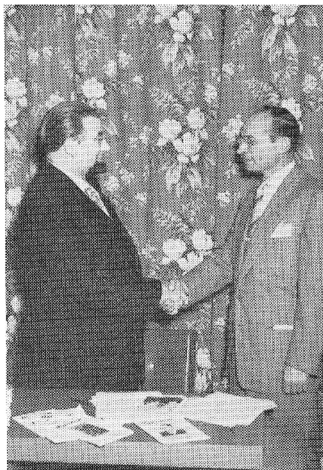
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**EDITORIAL**



The photo above shows Harry Arons congratulating me upon the first year of publication. However, looking back I know that the JOURNAL could never have started at all without the help Harry gave me. Harry Arons contributed generously with articles and photos but gave even more than that when he allowed me to use his mailing list to get my first subscribers. In a business that is all too often hindered by pettiness and jealousy, Harry Arons and I have always found it to our mutual advantage to work together for the betterment of hypnotism whether or not we profited from it personally.

I'd also like to take this opportunity to congratulate Harry Arons on his new book, HOW TO MAKE MONEY WITH HYPNOTISM. This has been needed. Some may shrink from the commercialism of the title but let's cut out the hypocrisy and face the fact that a person who is a good hypnotist has as much right to make money with it as he who has knowledge of any other art or science. If you are a good hypnotist, this book will give you down-to-earth ways of making money at it.

(continued on Page 20)

# INSTANTANEOUS HYPNOSIS

By HARRY ARONS

## Part II

Before proceeding to the *modus operandi*, it is necessary to say a few words about the imitativeness of the human animal as a significant factor in his hypnotizability.

Human beings are, after all is said and done, very much like sheep. They will often be induced to do things that they see others do before them that they would not be inclined to lend themselves to in individual situations. In hypnotization, the operator must keep this fact constantly in mind, and must so arrange the setting and the sequence of the proceedings that this quality of imitativeness will be allowed free reign. As an example, I can cite the practice of arranging the chairs on the stage in a semi-circle so that each subject is able to see the others: thus, when the more suggestible ones begin to go under, the rest notice this fact and are in a position to be influenced to react in a similar fashion.

The stage hypnotist always selects the BEST of the "volunteers" for the first instantaneous hypnosis, as his success or failure with the first subject largely determines the course of the rest of the demonstration. The quotation marks around the word "volunteers" are not intended to imply that they are not indeed volunteers, but refer to the recommended practice of testing the entire audience or large portions of it with preliminaries like the Arms Rising and Falling Test and selecting the volunteers from among those who reacted favorably, thus eliminating really "cold" volunteers without impressing the audience too strongly with the fact that a subterfuge was employed. The same principle operates in clinic situations like Emile Coue's clinic at Nancy and is behind the so-called miracles at Lourdes and other shrines. Mesmer's old practice of grouping his patients around his famous "baquet" probably resulted in a greater degree of success than would have been possible had he worked on his patients individually.

### *Prehypnotic Suggestion.*

You have all had experience with post-hypnotic suggestion and the marvelous results that it can produce. But few of you, I am quite certain, have given prehypnotic suggestion much thought. Actually, prehypnotic suggestion is an underlying factor not only in instantaneous hypnotization, but also determines the types and varieties of responses that will be elicited in the resulting hypnotic trance.

There are two main types of prehypnotic suggestion: 1) hetero-

suggestion—suggestion received from an extraneous source, and 2) auto-suggestion—suggestion that has been somehow self-administered. The latter refers to any and all types of preconceived ideas and notions about hypnotism that the subject has somehow gained through his past experience. Thus, a subject who believes that he may have difficulty awakening from hypnosis, or that he may awaken with a headache, may, if the hypnotist does not eradicate these fears while under hypnosis, actually react in this fashion.

Hetero-prehypnotic suggestion is usually administered by the hypnotist by accident or design. In general, whatever he can make the subject BELIEVE before he tries to hypnotize him has a tendency to be subsequently realized. For example, if he succeeds in CONVINCING the prospective subject that he can hypnotize him instantly, and especially if he proceeds to *demonstrate* this feat on another subject (presumably another volunteer, but actually in most cases a pre-tested "sure thing") the chances are good in favor of the accomplishment. Most stage hypnotists make very strong and often exaggerated claims in their brief preliminary talks. This is designed to enhance their prestige in the eyes of their prospective subjects in the audience and serves as a vehicle for any prehypnotic suggestions that the operator wants to impart prior to hypnotization proper.

#### *Methods Based on Post-Hypnotic Suggestion*

The simplest and most spectacular methods of instantaneous hypnotization are based on post-hypnotic suggestion. One need not be an expert to use these methods. The primary requirement is that the subject be previously hypnotized into a fairly deep trance and told that after awakening he will resume the hypnotic state instantly whenever he is given a certain signal. The signal may be a word, a meaningful glance, a snap of the fingers, a cough,—any signal that is arranged between subject and operator during the previous hypnosis. Should the subject have post-hypnotic amnesia, he will of course not know consciously what the signal is, but it will work nonetheless.

When these methods are used in front of an audience, the spectators rarely realize that it is not the hypnotist's skill that is causing subject after subject to fall asleep instantly, but a simple post-hypnotic suggestion given during the previous hypnosis. Here are a few of the ruses that stage hypnotists employ:

Preliminary tests are performed in the usual manner. Then a group of "volunteers" are hypnotized while seated in a semi-circle on the stage. Then they are taken through some of the simpler experiments, during the course of which the hypnotist tells them, either audibly or in a loud stage whisper, that they will fall asleep again any

time that evening when he snaps his fingers and says "Sleep!" Or he may give each suitable (deep) subject an individual specific signal, so that each one reacts to something else. If this is done during some interesting action, the audience is none the wiser even if the post-hypnotic suggestions are made aloud. Thus, Polgar's subjects fall asleep when he points his finger at them dramatically, or when he shakes their hands; or he may pass out cards on which the post-hypnotic suggestion is written, whereupon the subjects reading the cards fall asleep in a matter of seconds. Slater barks a staccato command and gives the subject's head a peculiar sideways twist. Weisbrod's subjects fall asleep when they hear the word "moonlight." I gaze fixedly into my subject's eyes for a few seconds, snap my fingers, and make a short pass without contact over his face from the eyes downward. And so on, ad infinitum.

Most stage exhibitions are divided into four parts. The first consists of an introductory talk and a preliminary testing period, during which 15 to 20 susceptibles are brought up on the stage. In the second part the entire group is hypnotized, the refractory element unobtrusively eliminated and the remainder tested for hypnotic depth. It is during this second period that the deeper subjects receive the post-hypnotic suggestions for instantaneously resuming the hypnotic trance. The third part is the main and most spectacular part of the exhibition. Subjects are quickly hypnotized individually and in small groups and taken through the most fascinating and breath-taking experiments possible. The last part consists of a question and answer period.

In radio and television shows, the studio audience witnesses the entire demonstration, but the radio and television audiences see and hear only the third part. It is therefore small wonder that the radio listeners and tele-viewers are amazed at the speed and ease with which the hypnotist induces the trance, since they are unaware that these subjects had already been taken through their paces before the show hit the air-waves and were thoroughly conditioned to react instantaneously to the hypnotist's post-hypnotic sleep suggestions.

Instantaneous induction methods based on post-hypnosis, if judiciously employed, will tend to convince the average audience that the hypnotist using them is indeed a master of the art. However, the operator cannot be considered an expert in informed circles unless he has also developed the flair for speedily hypnotizing suitable subjects by means of methods other than those based on post-hypnotic suggestion.

(The next and last installment will deal with a number of recommended methods of instantaneous hypnotization).

## THE THERAPEUTIC VALUE OF THE HYPNOTIC SITUATION

By ORMOND MCGILL

### PART TWO: The Hypnotic Situation

So many psychological writers have commented on the "difficult" reputation hypnotism enjoys, that it has almost become a classic to regard the trance state as one of the "bad boys of psychology."

Actually, there is little doubt but that gradually the enlightening influence of education will remove any smudges that besmirch the hypnotic good name; in the meantime, the hypno-therapist, ever on the alert for curative helps, may well turn what could be a most serious disadvantage into a definite asset to himself.

To the average man, hypnotism is something to *wonder* about. He may consider it an out-and-out fake, regard it with respect, or hold it in a sort of fearful awe . . . but, whatever his attitude, it is always, to a greater or lesser degree, an *object of wonder*.

And for just such (by reason of its *wonder*), hypnotism becomes an even more valuable tool in the hands of the competent therapist—as the patient in search of psychological helps may well consider his case beyond the reach of any of the more normal approaches and in definite need of some *wonder source of cure* as hypnotism may well represent.

A patient's reaction to the suggestion of using hypnosis as a curative medium on himself is bound to be a variant of one of three responses: Skepticism, Fear, or Hope.

Should the patient's response be either of the first two listed above, the hypno-therapist is certainly psychologist enough to turn them into a rational understanding of the subject, at least sufficient for the purpose of the cure under immediate consideration. However, in his rational explanations of the subject, he would do well to leave intact at least a modicum of the *wonder possibilities of hypnotism*, as the very *expectancy* the patient may have with regard to these *wonders of hypnotism* may lead directly to the *wonders of his cure*. (The term *expectancy* is used synonymously with *set* . . . the relative responses of which are released in direct accord to the relative ideas of the power of hypnotism held by the patient).

*It is this anticipation of a cure being affected through the use of hypnotism that gives the hypnotic situation definite therapeutic value*  
IRRESPECTIVE OF THE SUGGESTIONS GIVEN IN THE TRANCE.

In fact, it is the writer's wish to strongly convey the idea that the therapist adapt a technique of building up his curative suggestions "Pre" of the trance, centering the expectancy (set) for the occurrence

of the suggestions during the trance. In other words, THE IDEAS OF EXPECTED CURE, AND THE ACTUAL CURATIVE SUGGESTIONS ARE CONVEYED TO THE SUBJECT WITH THE IDEA THAT THE HYPNOTIC TRANCE CAN PRODUCE SUCH CURES.

On first consideration, such a mode-of-procedure may not appear entirely ethical or even basically sound. If the trance does not possess the active curative factors and the real curative suggestions are given to the subject while in his normal state, does it not seem a lack of trust for the hypnotherapist to thus seemingly misinform his patient? And then again, what real advantage could possibly be gained by so shifting the real cause of the cure to a pretended one?

Such are indeed reasonable questions, but their answers, on consideration, are obvious. FOR THE ACTUAL CURE DOES TAKE PLACE IN THE HYPNOTIC TRANCE—the hypnotic trance acting as a “starter” for the release of the *set* of curative ideas, and the patient's innate conception of being cured through expected hypnotic wonders, *gives intelligently directed suggestions* an impetus towards cure that would otherwise be rarely possible. *Rarely possible because of the all important fact that the hypnotic state does produce a shift of some sort in the patient's personality that unmistakably does have most potent attributes in the pursuing of suggestions.*

Robert W. White, in writing on the subject, advances the idea: “. . . that hypnotic behavior be regarded as a meaningful, goal-directed striving, its most general goal being to behave like a hypnotized person as this is continuously defined by the operator and understood by the subject.” Such a view replaces the older notions of automatism and dissociation which have persisted in a peculiarly rigid and unenlightened form to the great detriment of progress in hypnotic theory.

White continues, “The subject, it is held, is ruled by a wish to behave like a hypnotized person, his regnant motive is submission to the operator's demands, he understands at all times what the operator intends, and his behavior is a striving to put these intentions into execution. *In order to explain the peculiar character and surprising success of hypnotic striving however, it is necessary to conceive of hypnosis as an altered state of the person.*”

The observation that hypnotic behavior is a meaningful, goal-directed striving, its most general goal being to behave like a hypnotized person, opens to the hypnotherapist an understanding of a most fertile field for the *pre-suggesting of what is expected of a hypnotized person*; in the therapist's instance the directing towards the desired cure.



The comment that the subject is ruled by a wish to behave like a hypnotized persons as this is continuously defined by the operator and understood by the subject is, in the writer's opinion, most significant. *It would appear, that in a sense, the subject were playing a game of being hypnotized.* Such a view tends to help explain some of the frequent simulations of hypnosis and the refusals to admit hypnosis even when all objective evidences positively establishes the trance.

If we do concede that the subject is, in a sense, playing a game and is responding to hypnosis as he believes a hypnotized person should respond, much of the "terrors" of the practice of hypnotism disappear.

Following along this line of thought, it would appear that the degree of trance, or stage of hypnosis, which a given individual will enter is directly dependent on what the hypnotic sleep means to him (as defined by the operator and understood by himself).

It would further appear that the so-called "dangers" from the improper use of handling of hypnosis might therefore, be somewhat minimized as even in the event of suggestions most disturbing being given the subject, there is always an element of unreality about the whole procedure (an occurrence not, somehow, directly related to the personality), *and overtone, as it were, of realization that the responses are not real in themselves, but are only being carried out in a desire to behave like a hypnotized person.*

To state too authoritatively that there is such an overtone of realization (unreality) would not be scientifically sound without much controlled experimenting. But, we can consider the conclusions of a number of competent hypnotic experiments, working on widely divergent hypnotic problems, and observe how their finding may tend to confirm or deny our own consideration.

H. Lundhold, in writing on hypnotic anesthesia, states: "The theory we thus suggest concerning the nature of functional anesthesia, as induced by hypnosis, may in short, be restated as follows: the suggestions of an anesthesia primarily builds up a tendency to act as if the defect were there. This tendency which becomes co-conscious to the post-hypnotic personality, inhibits in him any striving in relation to impressions received through a certain sensory area. This deprives such impressions of meaning to an extent to make the subject suffer an apparent anesthesia from them."

P. C. Young, writing on hypnotic regression, states: "When trance subjects were ordered to regress to the third birthday, they tested on the average as children about six years old would test. Even in well controlled tests they responded to the test as if they were about

four and a half years old. . . . The trance subjects felt very young, their speech and grammar as well as their mannerism were childish, but they could not enter realistically into an intellectual consciousness so circumscribed as that of the three-year old child. . . . Unhypnotizable control subjects had better success on approximating the three year level of performance when they simulated that age than did the trance subjects who asserted that they were back at that age, attaining M.A.'s of 5 years and 4 months and 5 years and 11 months respectively. . . . There was no correlation between apparent depth of hypnosis and extent of regression. . . . There was a great diversity of performance between individuals in the trance and great spread in the responses by one subject."

Jennes and Wible, in writing of their experiments with respiration and heart action in sleep and hypnosis, sum up: "In general, so far as heart action and respiration are concerned, hypnosis resembles the waking state rather than sleep."

Experiments with brain waves, and the knee-jerk reflex, further confirm this idea. Brain wave patterns of a hypnotized person far more resembling those of the awake individual than the sleeping.

We shall make no attempt to comment on the individual writings of the authors quoted. They are presented purely so show evidence that tends towards the direction of our concept, and, while they in no sense prove, they do definitely tend towards the idea of the conceiving of hypnosis as a wishful striving on the subject's part to act as a hypnotized person should act—which of itself present the hypnotic situation as a sort of *intense make-believe*. (The writer would like to carry the idea one point further and point out that in nearly all aspects the hypnotized person responds as a waking individual—an individual who's concepts are so colored with all absorbing suggestions that they, for the moment, largely consume his entire personality).

This thought that the hypnotic state may be a condition of intense make-believe in noways lessens its value to the therapist . . . for let us recall those last important words of White's: "In order to explain the peculiar character and surprising success of hypnotic striving, however, it is necessary to conceive of hypnosis as an altered state of the person."

Years ago Thomson Jay Hudson wrote in his book, "The Law of Mental Medicine" of the fact that there were almost as many theories of causation for the phenomenon of mental healing as there were mental healers, however the important consideration was the cure not the theories. From our observation, it would seem that the concept of hypnotic striving as interpreted by the hypnotist and understood by



the subject might well account for the apparent variety of reported methods of hypnotic cure.

To the practicing hypnotherapist this view of hypnosis being goal-directed striving on the part of the subject to act as a hypnotized person is supposed to act clearly emphasizes the great value invested in the hypnotic situation itself, and stresses the importance of the suggestions given the patient in advance of the hypnotization even over the suggestions given in the hypnotic trance itself, and, most vital of all, it points the direction towards which the use of hypnotism in therapy may best be employed: NOT AS A CONDITION FOR THE POUNDING HOME OF IDEAS, BUT RATHER A CONDITION FOR THE INTENSE AND EFFICIENT CARRYING OUT OF IDEAS.

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### ORMOND MCGILL In Action



Ormond McGill, Brilliant hypnotist, spectacular showman, prolific writer and regular guy shown during a recent television appearance on Art Linkletter's "People Are Funny" show. This is one of the photos to be published in McGill's new book, IT'S FUN TO HYPNOTIZE. Watch for further announcement or write to this publication for details.

# THE SCIENCE OF HYPNOLOGY

By DR. MILFORD J. ELLISON

## Author's Preface

The College of Applied Psychology is the first institution of higher learning in the nation devoted exclusively to the branches of psychology. It is chartered under the laws of Florida with powers to teach all related fields of psychology, including the science of hypnology, and is the only college issuing certificates and degrees to its graduating students in the field. As president of the college, I welcome any sincere comment on this series of articles which I am submitting to the *Journal of Hypnotism* as a public service. Those desiring further information on any point in the writings or in connection with the College of Applied Psychology may write to the college. Our address is: 441 SW 62nd Avenue, Miami 44, Florida.

## Part I: Introduction

At the College of Applied Psychology, we are offered the opportunity not only to teach students the theoretical aspects of hypnology, but also, to engage in extensive research work. Our knowledge of the field is admittedly nil, despite our work, however. What is the reason for such a strange state of affairs? The answer should be obvious to all in the field. All knowledge is a product of the recorded experience of those before us, coupled with our own experience. Unfortunately, much of the work that has been left to us, has been unscientific in nature, for virtually all hitherto thinking in the field has been a pot-pourri of speculation, superstition, ignorance, and rationalization. While this may result in some positive direction, it is in the main, unguided and unsound.

Consequently, the layman is thrown into a maze of confusion upon entering the arena of hypnotism. On virtually every major concept of hypnology, he finds one writer presenting a viewpoint with absolute certainty of the entire question, while at a later date, he reads the opinion of another, who stands at the polar opposite of the issue. We find today, many of our foremost hypnotists and hypnologists taking sharp issue with

one another on questions of sex, crime, post-hypnotics, and other aspects of the hypnotic field. It is paradoxical to the layman to read the varied viewpoints of the multitude of writers whose only point in common is their statements of infallibility.

Why does such a difference of opinion exist among the hypnotists? How is it possible for individuals of considerable training, study and experience to find themselves in opposing camps on the most basic issues? These questions shall be dealt with in short order. The field of hypnology is a science; it is a specialized science. It is a branch of its mother science, psychology, which is one of the basic sciences. However, the science of psychology, and all its component branches of science, is not an exact or precise science in which only one answer or verdict is obviously correct. Mathematics is an excellent example of a precise science. In the field of psychology, or in any science dealing with the human element, the margin of error becomes great, and the exactness and precision found in the natural sciences (math, physics, chemistry, etc.) becomes lost. Hence, in the science of economics, which is dependent upon the results of human relations, one finds leading authorities at sharp issue on the various economic problems and trends of the time. In the field of political science, one will always find the leading minds of the day in bitter conflict on the same issue. Even in our own mother field of psychology, one finds a battle amongst the Adlerians, the Freudians, the Horneyites, etc. It would be naive, then, to anticipate harmony in the science of hypnology, where so little concrete scientific study is to be found.

Why does one find such a margin of difference in the social sciences in contradistinction to the exactness of the natural or "pure" sciences? Perhaps the answer may lie in the fact that the social sciences are not sciences at all? No, this is a false contention. Could it be that the scientists in the fields of the social sciences are inferior to those in the fields of the natural sciences? This, too, is without foundation. What, then, is the reason for the errors in attempting to scientifically appraise and regulate our-

(Continued on Page 26)

## My Favorite Method of Induction



The photo above illustrates the favorite method of David Hudson of Boston, Mass. The subject is comfortably seated in a chair facing a bright light. This may be either a spot light (for a very dramatic effect in a darkened room or on a lecture stage) or a bridge lamp. The hands, with fingers spread wide apart, are slowly moved up and down before the subject's eyes to create moving shadows while the hypnotist patters about going down into a deep sleep. The combination of the patter and the moving shadow is very effective.

What is YOUR favorite method? Send us a photo illustrating it, together with description. We will pay \$5.00 for every "FAVORITE METHOD" published and the cut will also be given to you after printing.

# HYPNOSIS and DIANETICS

By LEWIS J. ROBERTS

A great deal of controversy has been caused by L. Ron Hubbard in his recent book, DIANETICS. In view of the fact that Mr. Hubbard has chosen to condemn Hypnosis in the process of presenting his theories, it seems appropriate to state here a brief rebuttal to certain aspects of DIANETICS. My purpose is not to repudiate Mr. Hubbard's theories, techniques and conclusions; rather, it is my feeling that certain of his assertions require clarification and amplification.

Let it first be said that 'dianetics' is not a new theory. Dianetic nomenclature is new in its usage; but if one examines it carefully, it's the same old sofa, but with new upholstery.

Despite the provocative issues in this book, any person endeavoring to become a dianetic auditor should have a basic knowledge of the science of hypnosis and suggestion. This becomes obvious as one reads DIANETICS in spite of the fact that the author vehemently denies any connection. For instance, Mr. Hubbard states on page 384 of his book:

"Hypnotism can be extremely aberrative and may hold up a case. An auditor should have some working knowledge of it so that he can release the engram it makes, not so he can work dianetics."

This quote from the book is one of many references Mr. Hubbard makes to Hypnosis, proving time and time again that Hypnosis, and a working knowledge of it, is important and helpful in the competent practice of dianetic therapy.

On page 56 of his book Mr. Hubbard admits, concerning post-hypnotic suggestion, that:

"... understanding the mechanism of the post-hypnotic suggestion can aid in an understanding of aberration."

A cursory reading of the book will prove that every method of auditing advocated therein is fundamentally one used in Hypnosis. True, the labels are different. . . . However, let us analyze this statement and see if we are incorrect in our conclusion.

The so-called state of 'reverie' is comparable to the various depths of Hypnosis. A dianetic patient who can go into a deep state of 'reverie' can contact engrams and engrammic key-ins more readily than a patient who goes into a light state. This is also true of Hypno-

sis, plus the fact that many hypnotic subjects (as well as dianetic patients) work well in a light state. Mr. Hubbard says to work your patient 'where you find him'—whether in a deep hypnotic trance or a state of 'reverie'. Surely, one must know when a patient is in the hypnotic trance, and this condition can only be recognized by some one completely familiar with Hypnosis.

A refractory subject, as known in hypnotic parlance, is a difficult one to work with and requires time and patience to help, therapeutically speaking. In dianetics, a non-sonic patient is in a similar condition and requires the same time and patience to reach.

Let us continue this analysis a bit farther. Mr. Hubbard emphasis and re-emphasizes that dianetics is **not hypnosis**. He points out that suggestions must never be given to the dianetic patient. On page 385 of his book he says:

"Never install a positive suggestion of any kind in a patient no matter how much he may beg for one. It has proven nearly fatal."

Here we have a contradiction which proves a little difficult to reconcile because in discussing methods and techniques, Hubbard advises the auditor to make the following (positive) suggestions to the patient:

"You will know everything which goes on. You will be able to remember everything that happens. You can exercise your own control. If you do not like what is happening, you can instantly pull out of it."

(This last statement is a dangerous one and should have the following appendage: "Before pulling out of it of your own volition, please ask my permission first.") This statement, or suggestion, protects the patient from any emotional shock due to an abrupt awakening which will undoubtedly have a definite post-hypnotic or post-dianetic effect.

But to continue with the auditor's instructions (suggestion, really) to the patient, the auditor says next:

"Look at the ceiling."

This is pure and simple hypnotic objective fixation.

"Then, when I count from one to seven your eyes will close."

(Continued on Page 13)



# HYPNOTISM and CHIROPRACTIC

By CHARLES HERBERT

More and more chiropractors are using hypnotism as an adjunct of chiropractic. The greatest stumbling block to more widespread and successful application of hypnotism in chiropractic has been the lack of the precise methodology to be employed. The folio, of which this article is a condensation, seeks to solve that problem. The chiropractor has looked with interest at hypnotism and has been quick to recognize the possibility of its usage in chiropractic. Busily engaged in his daily practice, he has been unable to extract from the general knowledge of the available literature a procedure suitable for his needs. The tools are there but no specific instruction as to how they should be used in his particular field.

The science of chiropractic like that of hypnotism has been beset since its inception by charges of fraud and charlatanry. Like hypnotism, too, it has confounded its detractors with concrete and undisputed accomplishments. Both sciences are now well on their way to winning their fight for the recognition that has been long overdue them but there is still a long road to travel. One of the encouraging signs of the times as far as chiropractic is concerned is that hard-headed realists like the insurance companies are giving more and more recognition to it because of the capable handling of accident and insurance cases.

But chiropractic and hypnotism have more in common than merely the fact that they both have been under attack by the medical profession and that both have been surrounded by an aura of mysticism. Chiropractors have lately been turning to hypnotism as an aid in their practice. This cannot be considered novel since the re-discoverer of chiropractic, Dr. Palmer, certainly employed many of the tools of hypnotism although without using the name. The relaxation that is required in massage and manipulation, the pain that is experienced in required exercises and in diagnosis and in the actual continuance of treatment resistance that some patients show, can all be aided by hypnotism. Especially as an additional factor in conjunction with the various modalities already in usage to facilitate relaxation such as light, heat, water, diet, and exercise, hypnotism can be utilized.

The anesthetic with its toxic effect that may be required before manipulation may be entirely eliminated in some patients by hypnotically induced analgesia. Although the folio shows the exact methodology, this article presents only its generalities. The author has worked out a carefully detailed technique for the chiropractor and it is available through this Journal.

In our brochure very close attention is paid to the fact that the greatest of care must be used in inducing anesthesia, since the lack of the feeling of pain may provoke the patient to injure himself further. Most first-time patients of chiropractors are people who have already visited medical doctors without alleviation or cure of their symptoms. When the chiropractor is successful in his treatment the patient becomes an unpaid advertiser. He may even over-emphasize the benefits gained, because due to the unfortunate antagonism of the medical profession a stigma is attached to the chiropractic and the patient feels a necessity to praise the chiropractor in order to justify his going to him. When the chiropractor employs hypnotism a certain transference takes place that makes of the patient a militant advocate of chiropractic instead of an apologist and such is his evident sincerity that he convinces most of his hearers. This attitude is not mentioned merely as reason for using hypnotism in order to get favorable advertising (but who doesn't like it?) but because it shows a desirable psychological outlook that more and more is being recognized as such an important factor in well being.

Some chiropractors have been hesitant about employing hypnotism because they feel that the science is such a technical one that a course of study would be necessary that they would be unable to undertake because of the time element. Of course hypnotism in all its aspects is a broad science that requires long and arduous practise. However a technique has been worked out for the peculiar usage of chiropractors. Taking advantage of the atmosphere that exists in chiropractic practice, the attitude of the patient enhances the aptitude of the chiropractor. We can see some chiro-

(Continued on Page 25)

# HYPNOSIS IN DIET ENFORCEMENT

## Case 35B

By E. D. SALMON, R.N.

This is an eye-witness report on the case of Miss M. S., a buxom young lady, otherwise very attractive, who was desirous of losing weight but had met with failure in past attempts with the diet and exercise method. In a mood of tolerant skepticism, she agreed to try a reducing diet enforced by hypnotic suggestion. The diet was prescribed by a physician in the orthodox manner; the hypnotic consultant was Harry Arons.

### First Session: September 7, 1951

The operator saw M. S. for the first time. He dispelled considerable of her doubts and misconceptions concerning hypnotism by first explaining clearly what hypnosis is and how it could be used for her benefit in this specific instance. It was explained to her that the hypnotist was her ally in this venture and would give her a good start toward her goal, but that in a short time she would, through the use of self-hypnosis, gain complete independence from him, yet withal would be successful in adhering to her diet without any difficulty, and what is more important, without effort of will. By adopting a confident and optimistic attitude in the preliminary discussion, the operator was able to establish good rapport and met with excellent results in the initial hypnotic induction. A third stage hypnosis was achieved easily, with partial post-hypnotic amnesia, and the subject responded readily to all suggestions she was commanded to carry out upon being awakened. While still under hypnosis, M. S. was given post hypnotic suggestions to the effect that an even deeper hypnosis would be realized at the next meeting. The operator then discussed again the methods to be used and the value inherent in hypnotic control and pointed out the part the subject would be able to play in reaching her goal by her own cooperation. He then promised to impart a formula at the next meeting which would enable M. S. to assume a role of partial responsibility by employing auto-suggestion in conjunction. At the same time the formula would serve to reinforce the hypnotist's suggestions and thereby instill a sense of continuous therapy from session to session.

The subject was delighted with the

humorous aspects of the acts she found herself performing post-hypnotically and was particularly impressed with the feeling of well-being and relaxation that ensued. She seemed perfectly amenable to all suggestions promising success and looked forward eagerly to the next meeting.

### Second Session: September 14th

At this meeting the operator was able to put the subject to sleep with even greater facility and in a very nominal period of time. A fourth stage hypnotic trance producing glove anaesthesia was attained. There was spontaneous post-hypnotic amnesia upon awakening and all post hypnotic commands were carried out to the letter and on schedule. While M. S. was asleep, the hypnotist again emphasized the part hypnosis and auto-suggestion were going to serve. At this time, she was given a formula to be used before retiring daily. The formula, designed to meet the specific needs of this case, was: "I find it easier and more pleasant every day to stick to a sensible reducing diet."

This was to be repeated five times, then the subject was to count slowly from one to ten. The post-hypnotic suggestion was to the effect that she would be asleep by the time she reached ten. Then, though asleep, the pre-hypnotically incanted formula was going to go around and around in her mind, making deep and lasting impressions there, thus reinforcing daily the suggestions of the hypnotist. Along with the formula, it was suggested that she would find her dietary tastes evolving to a preference for those foods prominent on a reducing diet while a general aversion to sweets and fattening foods would follow. He also stressed the pride she would feel in herself when these conditions became a reality. The subject was hypnotized instantaneously several times during the evening and each time the formula was further impressed upon her subconscious by repetition.

I had occasion to see M.S. three days later, at which time she reported that the formula was working fine. She informed

(continued on Page 27)



If you have any questions about  
Hypnotism . . .

### Ask the Answer Man

(Note: Address all questions to Harry Arons, in care of this Magazine. Questions of general interest will be answered in this column. All questions with their answers, will be compiled in a special folio, mimeographed, and made available to readers at a nominal price. Questions of a medical nature, if received on the professional stationery of qualified physicians, together with stamped, self-addressed envelopes, will not be answered in this column but sent directly to the inquirer.)

#### QUESTIONS AND ANSWERS .....

Q. Is it possible for a woman to learn hypnotize?

Mrs. A. D. P., Newark, N. J.

A. Of course it is. Miss Grace Maxine Bourget of New York, as an example, is one of the ablest hypnotists I have met. It is true that you do not hear of many women hypnotists, but that is no reason to suppose that members of the "weaker" sex will not learn as well, or as quickly, as men.

Q. I have read your book "Master Course in Hypnotism" and was very satisfied, but now I am looking for a book or course in auto-hypnosis. Can you tell me how or where I can obtain one?

Jeremiah Sullivan, Lawrence, Mass.

A. I regret that I cannot steer you to any one book dealing adequately with auto-hypnosis. Many books touch lightly on the subject, but none gives a really thorough dissertation. I have a manuscript on self-hypnosis that I have been

planning to publish, but circumstances keep delaying it. Perhaps later this year—maybe. Or perhaps we will serialize it in later issues of the Journal.

Q. I am starting a collection of window cards, posters, etc., of hypnotists. What have you to sell or exchange? Please let's hear from you.

Stanley Sokeitous, Phila., Pa.

A. You have an interesting idea there, Stanley, and I am going to try to give you a real break through the Journal by taking your appeal directly to the readers. So let's go, now, fellow-hypnotists, what do you have that Stanley can use in his collection? Write to him direct to 1027 West Glenwood Ave., Phila. 33, Pa.

Q. Can a seven-year old child be hypnotized? My young son is in the habit of bed-wetting, and I think that hypnosis might help.

Mrs. L. M. M., Yonkers, N. Y.

A. If your son is average in mental development he might just barely be old enough to be hypnotizable. As a general rule a child becomes hypnotizable at about the age of eight. I would suggest, though, that you let a psychologist or psychiatrist take a crack at him first by more orthodox means, as it is possible that his bed-wetting would easily give way to the usual treatments. Besides, you may have to wait until he is older anyway before hypnosis can be employed.

Q. What do you think of using records to induce hypnosis? I understand there are several companies selling them. I imagine it should be much easier on the hypnotist, as he does not have to do anything but stand by.

B. J., Detroit, Mich.

A. The value of records is strictly limited in inducing hypnosis. Of course if you have a very good subject to work on, records will do the trick, but then, so will any method that you elect to use. However, with the usual subject, one who is not unduly suggestible, any non-prestige method in which the importance of the individual operator is minimized, is likely to fail. The important thing to remember is that hypnosis is a result of a peculiar hypnotist-subject relationship in which the latter EXPECTS that the hypnotist will exercise an influence or control over him through mental means—an inanimate object like a recording

(Continued on Page 20)

## BEHIND THE CURTAINS

By GEORGE L. ROGERS

After two weeks research we finally located two very fine films on Hypnotism, "Hypnotic Behavior", available from Associated Films Inc., 35 West 45th St., New York City. The other, "Hypnosis" is owned by International Film, 6 North Michigan Ave., Chicago, Illinois. Rental rates are reasonable. If you belong to a group that is interested in Hypnotism, it makes good showing.

The National Guild of Hypnotists is doing a wonderful job. Their monthly meetings of the Boston Chapter at the Hypnotism Center are attracting sell-out crowds. At the December meeting the following members signed the guest register, Howard Byrnes, Howard W. Teter, Lores W. McCloskey, Joseph Atherton, Arthur Daviau, John J. Conroy, Jr., Clarence E. Holmes, Alberto Di-Mascio, John Brosnahan, Dr. William A. Geldart, Dr. J. Seidenberg, Dr. S. Zaritt, Larry Boisvert, Fred Lynn, Dr. J. H. Halsband, Anthony Bandzin, Hy Sampson, and Joseph Daly. The other members were too busy to get over to the register and to them we apologize for not including their names. An application for the Guild is elsewhere in this Journal. If you wish to know a little more about the Guild drop a line to George Rogers, 48 Harlem St., Dorchester 21, Mass.

One nice thing about taking over a column, there is always plenty of data available for the first couple of columns. I have a newspaper clipping here dated a couple of years ago that astounds me with its stupidity. Quote, "There is one London Hypnotist (no name given) who can throw people into a trance by just gazing at them in a bus or street car. The thought of a man being able to hypnotize a person whether he liked it or not is somewhat frightening." End of quote. How ridiculous can some of these newspaper articles get?

On a different note is the article taken from The American Weekly, by Mrs. Alvira Dickson, titled, "My Baby Was Born Under Hypnosis." The only lines I will use from this is the last paragraph "As for me, there just isn't any other way I would have a baby, and I am looking forward to the next one. I only wish that all women could have the same painless, fearless experience I had." Then comes the Hypnotism 'bug-a-boo', it

states in italics, "In deference to the Doctor's wishes, for ethical reasons, his name is not mentioned in this story."

Have any of you heard of The Great Galvani, (Fred Daniels) . . . he should be about 79. Thirty years ago he was one of the greats. John C. Cheatham of Westminster, Maryland, one of the grand old timers of 'Hyp' keeps in constant touch.

Dwight Damon, youngest Hypnotist in New England and long associated with the Journal has enlisted in the Coast Guard. Dwight is from New Hampshire and had been doing local shows for the past few years. Good Luck, Dwight.

I have a son five years old who knows more about Hypnotism than the average person you meet on the street. When questioned by a friend as to how this was possible, I told him the story of the French child who spoke better French than the adult American. This is true, people must be educated to Hypnotism. It is amazing how little the majority knows about this subject.

Stanley Sokeitus who was billed over thirty years ago as The Boy Hypnotist is still knocking them over in Philadelphia. His daughter Joy Sokeitus is a chip off the old block. She is only ten and has given a magic show at the local Y.W.C.A. before a group of four hundred boys and girls. Needless to say she was terrific. Have any of you heard of anyone younger doing a magic routine?

Leyton M. Harris of Jeffersonville, Indiana flew to Los Angeles over Christmas. While there he visited with Melvin Powers at his Wilshire Blvd. School. He was received and treated royally. He met and spoke to the students in Mr. Powers class. Mr. Harris was most enthusiastic about his visit.

On Sunday evening January 13th, it was my pleasure to attend a demonstration given by Dr. Franz J. Polgar in Dorchester, Mass. He was superb . . . used a very short induction method and got a very high percentage of subjects. Without embarrassing anybody he did some very interesting experiments. I introduced myself to him after the lecture, but as he was flying back to New York, did not get much of a chance to visit. His new book is now available and will be reviewed in a later edition of this Journal.



If you are from San Francisco, California and are desirous of joining a local chapter, drop a line or call Lloyd D. Jacot at 2746 25th St. Several of the men there are meeting and will welcome new faces. If you live in Detroit, Michigan, contact Ed Morrow of 9574 Patton Ave. These chapters of The National Guild of Hypnotists are just being formed and the above mentioned gentlemen will be happy to hear from you.

Now, under the heading of personal favors. If you have any newsworthy items about yourself or pictures we will be glad to use them. Send them to me at 48 Harlem St., Dorchester 21, Mass.

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Control others, be a master hypnotist. With this course you can hypnotize the first day or your money back. For years this method has been a closely guarded secret, now revealed for the first time. If you send today you get a copy of "Hypnotism Can Help You." Supply limited. Only \$2.00 Complete. W. J. Lewis, 4009 Lake Park, Room 413, Chicago 15, Ill.

**APPLICATION FORM**

**NATIONAL GUILD OF HYPNOTISTS**

48 Harlem St.

Dorchester 21, Mass.

Name .....

Street .....

City .....Zone.....State.....

Age .....Sex .....Citizen .....

Please state your reasons for wishing to join this organization.

.....  
 .....

How did you learn Hypnotism?

.....  
 .....

.....Professional .....

Kindly enclose check or money order for three (\$3.00) dollars with this application; we cannot be responsible for cash.

.....

With this issue we complete our first full year of publication. Looking back it doesn't seem that a year has passed since we started the JOURNAL. It was rough in spots but little by little we have been ironing out the kinks. The many letters we get from subscribers has proven that our efforts have not been in vain. With the next issue, we go into our second volume and look forward to bringing you a bigger and better JOURNAL OF HYPNOTISM.

One of our biggest headaches in publishing the JOURNAL has involved our printer. Having the magazine printed in the midwest didn't permit our working closely with the printers and the result was a poor proofreading job and often a mess in general. With this issue we have changed to a local printer and I'm sure (at least I sincerely HOPE) a better printing job will result. This change of printers has made us very late with this issue. However, we will catch up on the next one as the May issue will go into production as soon as this one is out.

We are experimenting in this issue with different types of layout and paper. We'd appreciate your comments and suggestions. Remember, the JOURNAL is a service publication. It is published to serve all who are interested in furthering the cause of hypnotism.

A new series of articles on the Science Of Hypnology by Dr. Milford J. Ellison of the College Of Applied Psychology is starting in this issue. Dr. Ellison is interested in your comments and suggestions. His articles are presented as a public service and reprints for distribution may be had by writing to him and requesting them sending a self-addressed, stamped envelope for as many as you want.

The response to Herbert Charles' new folio on Hypnotism and Chiropractic has been beyond all expectations. We have never before sold so many folios so quickly. This issue has a short article on the subject. Actually, the response has been so great that he is already working on further research for a full-sized text book to be printed before the year is up. More information about this will be available soon.

Ormond McGill, certainly one of the most prolific writers in the field has prepared more articles for coming issues. His new book IT'S FUN TO HYPNOTISE will be going into production soon after this reaches your hands. McGill

has a flair for the dramatic and the photos in the book are positively sensational. Ormond has also already given me his manuscript for another new book, A BETTER LIFE THROUGH CONSCIOUS SELF-HYPNOSIS. This will be published in the summer. In view of the tremendous amount of interest in self-hypnosis this will be hailed and looked forward to by thousands.

The cover of this issue brings you face to face with George Rogers, hard-working chairman of the National Guild of Hypnotists. Practically every member of the Guild has received a personal letter from George at some time or other and it has been a source of perpetual wonder to me how he does it. Rogers has been fascinated by hypnotism ever since he was a kid and has grown up with a burning desire to do something to further the cause of hypnotism. Now George Rogers is in there pitching for the promotion of hypnotism aided by his lovely wife, Inez, and the three little Rogers. The Guild couldn't have a more able chairman.

Rexford L. North

## Hypnotism Instruction

(The following are giving instruction in hypnotism. Write for details to the ones nearest you. The rates for listing in this department are \$2.00 per issue, payable in advance. Listing is confined to name, address and phone number.)

GEORGE HARDY, 1227 Nineteenth Street N.W., Washington 6, D. C. (STERling 5985).

HARRY ARONS, 41 West Runyan St., Newark, N. J.

DR. REXFORD L. NORTH, 26 St. Botolph St., Boston, Mass. (CI 7-9463).

DR. LAWRENCE STOKES, 3408 W. 60th St., Los Angeles 43, Calif. (PL 1-8025).

DEWEY DEEVERS HYPNOTISM STUDIO, #303, 118 Sixth St., Pittsburgh 22, Penna. Phone: AT 1-6870.

## BOOK REVIEWS

### HOW TO MAKE MONEY WITH HYPNOTISM

By HARRY ARONS

This is another important first by the author of the hypnotic "best seller" the MASTER COURSE IN HYPNOTISM.

Mr. Arons has long been aware of the floundering, hit-or-miss efforts of most hypnotists to apply their knowledge and ability in practical ways. In many cases the ambitious beginner gets off on the wrong foot by trying to become a therapist right away, or opens a school on too grand a scale, or decides to invade the stage where he can make bushels of money immediately. Few if any survey the fields carefully, analyze the possibilities and limitations of each, as well as their own qualifications, and then arrive at an intelligent decision based on the facts in each individual case. This book is designed to help YOU decide just where you can fit in most profitably and safely.

The entire first part of the three-part volume is devoted to the various phases of hypnotic application, from entertainment right on through to medical hypnosis. The author pulls no punches; he tells you what he thinks of each one, points out those that require special preparation and educational qualifications, and those that do not. The second part deals entirely with hypnotic conditioning for childbirth, explaining clearly and logically the role of the professional and lay hypnotic consultant, the types of anaesthesia necessary for this work, how to determine hypnotic depth, etc. The third part, for the first time in print, is the amazing success story of Dr. Rexford L. North—how he started in hypnotism, the obstacles he overcame, and how he eventually "arrived" in spite of a severe

handicap which would have spelled failure for many a lesser man.

As with the Master Course, the principal attraction in this book is the numerous photographic illustrations—20 pages of photographs—showing the author and a number of other prominent operators in various phases of hypnotic action. There's no other book like this on the market today—every hypnotism aspirant will certainly want to own a copy. It is nicely printed on substantial paper with a 2-color photo-art cover. The Journal is happy to give this book its hearty endorsement.

(Power Publishers. 790 Broad St., Newark 2, N. J. Price \$2.00)

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### BACK ISSUES

A limited number of back issues of THE JOURNAL OF HYPNOTISM are still available. You can have a complete file by ordering those you don't have at 50c each. Please order by date.

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#### MAY, 1951

This was Vol. 1, No. 1, and will soon be a Collector's item. This issue featured Dental Hypnosis, How To Make Money With Hypnotism, Anyone Can Develop Hypnotic Ability, etc. Supply is limited.

#### JULY, 1951

This issue featured Hypnotism and Sexual Frigidity In Women, Breaking Bad Habits With Hypnotism, Man Loses Money—Hypnotism to Blame?, etc.

#### SEPTEMBER, 1951

This issue features Medical Hypnosis, The Challenge Of Hypnotism, At Nancy With Bernheim, What Is Hypnotism?, etc.

#### NOVEMBER, 1951

This issue featured Hypnotic Conditioning For Childbirth, The Case For Stage Hypnotism, Hypnotism and Crime, Herbert Charles Tells The Kefauver Committee, etc.

#### JANUARY, 1951

This issue featured Hypnotism and Sports, Painless Childbirth, Mental Magic, The Therapeutic Value of the Hypnotic Situation, etc.

Send 50c for each issue wanted, be sure to give date of issue.

#### THE JOURNAL OF HYPNOTISM

26 St. Botolph St.

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## HYPNOSIS and DIANETICS (continued)

This, too, can scarcely be denied as suggestion as used in Hypnosis. Hubbard has banned suggestion, and yet he uses it as the very tool with which to get the patient into a state of 'reverie'.

In getting the patient on the Hubbard to the Feed-Back or Subjective method of 'Time Track' of his life, a method similar this is accomplished the patient then is Hypnotic Fixation, is employed. When able to re-live the somatic experience and eventually the engram. In order to erase it completely, the experience or engram is repeated and repeated by the patient until all force of the emotion is erased or, in the vernacular, wrung out as you would a wet cloth. This same feat can and has been accomplished by Hypnosis.

The so-called 'canceller' is merely another method of awakening the patient and wiping the mental slate clean. To actually awaken a dianetic patient you say (page 202, DIANETICS):

"Come to present time. Are you in present time?" (Yes) Use canceller word. 'When I count from 5 to 1 and snap my fingers you will feel alert . . .'" and awaken.

What is this but Hypnosis? Furthermore, please note the positive suggestion given to the patient: "YOU WILL FEEL ALERT."

I am inclined to agree that it is not wise to mix theories of therapeutics no more than a chemist would mix chemicals knowing that an explosion may result. Much harm has been done by this practice, especially where several schools of diametrically opposed thinking and teaching are being practiced by any one practitioner. By the same token, I cannot agree on the condemnation of any one science, because basically all are good. There is actually no panacea for everything. NO ONE SCIENCE IS SUFFICIENT UNTO ITSELF. Where one system will fail, another will be successful. Dianetics will have its failures as well as any other system.

Certainly mankind is searching for a science of mental healing. All thinking men welcome the contribution of DIANETICS to this search. But we must not grab at straws, strong as they may look, and discontinue the searching or cease to examine theories in a scientific light. A true science admits its antecedents and

relationship to those sciences which predate it. A new science, if valid, will prove itself and in time we will see the cessation of the use of obsolete, discredited methods.

However, let us recognize the fact that suggestion (Hypnosis) is a part of our every day life. Man is a creature of suggestion. If Dianetics aims to free man from this enslavement, certainly it is vital to know and understand the functions, accomplishments and powers of suggestion. This, fundamentally, is the study of Hypnosis.

To balance the scales, I sincerely believe that DIANETICS has a place in therapy, and much good can be accomplished for many, many people. Thoughts and ideas sink deeply into the subconscious mind, or as Hubbard calls it, 'the reactive memory bank', which profoundly influence our actions and reactions every day we live. These deeply buried ideas, thoughts or so-called 'engrams' can be a determining factor of our success or failure, our health or lack of it, our personality and character. This has been common knowledge for many years.

It is my contention, that any science, to completely fill the role of healing, must be able to discover the cause of illness and distractions which are hidden in the mind. If Dianetics has discovered a new way to obtain and release these aberrations from the human mind more quickly and permanently, then Dianetics should be given the opportunity to prove itself beyond a doubt. Until such a time, DIANETICS, in itself, is not sufficient reason to jettison every existing theory of mental healing or to declare Dianetics the panacea to all illness. My advice is to read the book thoroughly. Digest it. Try it. If it works for you, then it is a successful therapy.

In closing, may I reiterate, this is a defense and vindication of the age old science of hypnosis and suggestion insofar as dianetics' is concerned.

Mr. Hubbard, unfortunately, put himself in the position of being hypnosis' judge, jury and executioner. He failed to realize or take cognizance of the fact that hypnosis and suggestion are a recognized science and what he contends can be accomplished with his theory of dianetics can be accomplished as easily and better with hypnosis and suggestion.

## Hypnotism Comes Of Age

By BERNARD WOLFE and  
RAYMOND ROSENTHAL

In the psychiatric emergency created by the Second World War hypnotism made a spectacular comeback as a medical technique. Thousands of "combat fatigue" cases—mental and neurotic casualties — were cured by psychiatrists using hypnotism as a central feature of their therapy. Reading these medical front headlines, the layman found himself asking a host of exciting and age-old questions.

Can the "average" person be hypnotized? Is it a sign of weakness of character to succumb to hypnosis? Is it true that the hypnotic subject might never wake up? Will a person carry out a hypnotic suggestion that runs counter to his whole way of thinking and acting in normal waking life? Can he be made to commit a crime while under hypnosis?

Bernard Wolfe and Raymond Rosenthal answer all these and many other questions. They have summarized the latest results achieved with hypnotism in both the psychologist's laboratory and the psychoanalyst's consulting room. As a result of this scientific teamwork, the nature of hypnotism is being subjected to a microscopic investigation. Some theorists call it an altered physical condition; others see it as a unique interpersonal relationship. Perhaps it is both.

In particular, the book explores the new partnership which has sprung up between hypnotism and psychoanalysis. Illustrating their points with a wealth of fascinating case histories taken from the daily practice of psychiatrists, Wolfe and Rosenthal present the first popular account of the new hypnotic therapies—hypnoanalysis and narcosynthesis—and show how these techniques provide a short-cut cure for neurotic illness.

Finally, in a roundup survey of the most recent research projects, the authors indicate the wide-open future of modern hypnotism. Psychological experimentation, anesthetics, psychosomatic medicine—these are some of the varied fields in which hypnotism can be expected to develop in the coming period.

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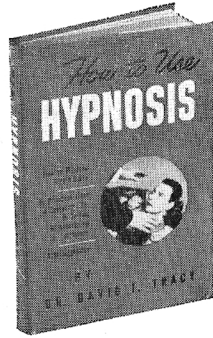
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*For everyday use—in selling and advertising!*  
**HOW TO USE HYPNOSIS**

By **DR. DAVID F. TRACY**  
*Famous N. Y. psychologist*

160 pages, illustrated with more than  
**40 photos.**

**\$2.50**



Never before has anyone suggested the use of hypnosis on such a wide scale, and told exactly how to go about it. We all use some form of hypnosis in everyday life without being aware of it. Dr. Tracy points out that if we know and understand the value of the science of hypnosis, we can apply it with far greater success — in selling books, for instance.

Here are directions, complete with photographs, on how to increase your personal magnetism, get people to do what you want (so long as it isn't against their moral principles), how to put on a stage show, how to gain self-confidence through having the power to hypnotize. Full of hints on achieving a happier existence through autosuggestion.

**PARTIAL LIST  
 OF CONTENTS**

- How to Control Bad Habits:  
 Smoking, Candy Eating, Bed-  
 Wetting, Nail Biting, Headaches,  
 Pills, Drinking
- Personal Magnetism and How to  
 Create It
- Types of Subjects
- Hypnosis in Selling
- Hypnosis in Advertising
- Hypnosis in Sports
- Types of Hypnosis
- How to Create Hypnosis:  
 Through Suggestion  
 Through Counting  
 By Fascination  
 The Couch Method
- Post-Hypnotic Suggestion
- Mass Hypnotism
- Autosuggestion
- Stage Hypnosis

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## HYPNOTISM and CHIROPRACTIC (continued)

practitioners throwing up their hands in renunciation of the whole idea. "What", they'll say, "add the layman's distrust of chiropractic to the stigma of hypnotism? Why we'll be run right out of town!"

We are nothing if not realistic. The objection is real and pertinent. Chiropractors and hypnotists have been literally 'run out of town' and it is feared that the combination of both in one would be too much for some of the great unenlightened. Some day a chiropractor may be able to hang out his shingle as 'Chiropractor-Hypnotist' just as a dentist's 'shingle states 'Dental Surgeon', but that day is not yet here. How then can this be done? Hypnotism has evolved a method of inducing hypnosis by an indirect system in which the subject is unaware that he is being hypnotized. This may come as a surprise to non-hypnotists and even to some hypnotists. "You mean that you can walk up to a person in the street and without his knowing it and put him under hypnosis? Why a hypnotist who could do that should be able to rule the world!" the skeptic will say. Not at all. Certain situations do prevail however that lend themselves to indirect hypnotism and the situation that prevails in chiropractic is one of them. The Nazis and Russians used these methods for military and criminal purposes and like many military developments, every day adaptation is possible. This method must not be confused with the method advocated by us in our statement to the Kefauver Committee which appeared in the November issue of this Journal. It might be said that usage of hypnotism without the subject's consent is unethical. Nothing is further from the truth. A doctor doesn't tell his patient what the medicine he prescribes contains nor perhaps even what it is expected to do. Applied for the benefit of the patient, hypnotism is

no different than any other therapeutic measure.

The objection that hypnotism is a time consumer with its corollary of added expense might be raised. While this is true in the initial induction, a signal such as a snap of the fingers will bring on subsequent trance states. Another objection is that not all people can be brought to the deep trance state that is necessary for anaesthesia. While it is almost an accepted fact that the best therapeutic situation is one in which the deep trance is achieved, it is none the less agreed that lighter trance states are productive. (ref. MEDICAL HYPNOSIS, Louis A. Wolberg, M.D.) This will be found to be especially true in chiropractic.

Functional ailments, frustrating as they are in normal treatment are particularly detailed in the folio. Although, as has been previously stated, a time saving methodology has been evolved and presented in detail, and acknowledgment made of the fact that the chiropractor cannot devote too much time to the total grasp of the entire science of hypnotism, nevertheless it is felt that some general knowledge of hypnotism should be available. Therefore various techniques used by stage hypnotists and in mass hypnosis, for instance, have been expounded. The chiropractor will note that some of the stratagems, so-called tricks of the trade will be useful to him.

A recapitulation of the aims of the folio is necessary. No upheaval of chiropractic methods is intended nor desired. A valuable aid to chiropractic by hypnotism is advanced. That chiropractic will rise to new heights in treatment and in prosperity for chiropractors is expected.

The INDIRECT METHOD is the gateway through which chiropractic can adopt hypnotism.

# HYPNOTISM and CHIROPRACTIC

By Herbert Charles

Here at last is a book that covers the subject of hypnotism in the practice of chiropractic. Herbert Charles, world-famous authority on the subject of hypnotism, lecturer and contributor to leading periodicals shows exactly *why* and *how* chiropractors should use hypnotism to increase their practice, their scope and their income. This valuable contribution to chiropractic is fully illustrated. Price per copy: \$1.00.

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## SCIENCE OF HYPNOLOGY (continued)

selves? In order to examine this more closely, we must examine the entire concept of science, i.e.; we must review the scientific method.

Any scientist, regardless of what field of science he chooses to pursue, must adhere to basic concepts of science. He cannot present a hunch, an intuition, or some half-baked notion to society as the fruit of his labor. If he is to produce anything of consequence, he must produce something tangible, something real or capable of proof. His findings must be capable of being reproduced by others under the conditions he specifies. When a scientist states that water will vaporize into steam at 212° F., he stipulates that he is dealing with pure water, that he assumes the atmospheric pressure and all prevailing conditions to be identical with those under which he made his test. If others can reproduce his results under his conditions, his theory is substantiated and accepted by the scientific world.

Now let us tie up some loose ends. The above illustration is a part of the method used by scientists to determine certain actions and reactions. This complete method is called the "scientific method". When a scientist wishes to learn the consequences of a certain reaction, he first formulates his idea. This becomes the nature of the experiment or problem. Then he organizes a procedure or method which must be rigidly adhered to. Upon setting his forces in action, he carefully watches their action and counteraction or relationship with one another, and takes whatever tests and measurements that are made available to him. Finally, after studying the results of his observations, he draws certain conclusions. The reaction of the forces involved either did or did not produce the anticipated results. If they produced results similar to the original contention, and if these same results can be reproduced under the same conditions, we can say that we have proven our original contention scientifically.

Given test tubes, a laboratory, and regulated conditions, we can experiment with precision and our results will be correspondingly accurate. But when our laboratory is the world which contains us, an environment which is constantly changing, forever in a state of flux; when our test tubes are human beings, no two of which are identical, the problem of testing with accuracy, and of reproduc-

ing the revelations found in the process of testing becomes exceedingly complex. Not only is our actual testing accomplished in a haphazard manner, but our observations and conclusions are also subjected to inconsistencies. The manifold interpretations varied researches might procure from similar results further complicates the matter.

Let us take an example from our own field. We might take a mixed group of 100 college students and test each for susceptibility, using three tests of induction for each student. The same test might be employed with a mixed group of 100 mentally retarded youth of the same age level. In general, the results will show the college group to have a higher percentage of susceptibility. This may be repeated by various hypnotologists at various periods of time over varied parts of the world with similar results. The obvious conclusion would seem to be: intelligence is an integral part of susceptibility and that it is directly proportional with susceptibility. Other tests may be made (using factory workers, farm hands, clerical workers, etc.) to substantiate this contention. Let us assume for the moment that this is so. Next, let us test each group once again according to sex. Here we shall invariably find the female to be more susceptible than the male. If both of these propositions hold, then is it not correct to formulate the following as the obvious conclusion: that we have proven the male to be inferior in intelligence to the female? Actually, we have proven no such thing. Here is an example of one of the complex problems of social sciences. We fail to take into cognizance the fact that our logic is unsound since it does not deal with the entire picture, but rather, it treats of only a fragment of the actual whole. For the truth is that while intelligence is an inherent part of susceptibility, there are other component parts such as naivete, outlook on life, cultural development, temperament, etc. which are equally vital factors, and which cause the female to outweigh the male in the question of susceptibility.

But the illustration shown here is relatively simple. In actual research work, the nature of the problem is often so complex, that it takes considerable skill to properly analyze the results of the experiment made. For this reason, the amateur hypnotist often errs badly in his



estimation of the hypnotic procedure, and many competent hypnotists, lacking proper ability to analyze the situation confronting them, sidestep it with any notion palatable to their senses. Here, then, is our reason for having the great divergence of thought among the leading hypnotists as well as the leading hypnotologists of our time.

Many of the problems which now seem speculative, will in time, be proven scientifically to the satisfaction of all, while other problems, not yet on the horizon, will become the polemic of the future. But ours is still a young science, and will overcome its early weaknesses. Despite the complexities outlined, work is being done in the field of hypnosis on a scientific footing, and the results of these experiments will be outlined in future writings. The science of hypnology offers no panacea, it offers no shortcut to a life of plenty, but it does offer us a valuable tool to enrichen our lives, to make our lives both richer and fuller.

### Hypnosis in Diet Enforcement

(continued)

me that she repeated the formula five times as instructed, and then began to count, but was usually asleep before she reached ten.

#### Third Session: September 21

At this meeting a slightly deeper hypnosis was attained, during which the formula and positive suggestions were further stressed. The subject reported that she had lost 11 pounds in the interim and was greatly pleased at the absence of the irritability she had previously experienced with other methods. She was continuing with auto-suggestion and apart from one episode of gall bladder attack, the continuity of treatment was undisturbed.

The operator explained that hereafter the hypnotic sessions will taper off and the subject will assume a greater degree of self-hypnotic control without any deliberate effort of will. When the subject reaches the point where the auto-hypnotic phase of the work becomes completely smooth and effortless, the hetero-hypnotic sessions will be entirely discontinued.

Needless to say, M.S. is a terrific booster for hypnotic diet control. And for my part, I have been privileged to be an observer throughout and can only say that this case reaffirms my belief in the potential therapeutic values inherent in hypnosis.

There are many reasons why an individual will resort to over-indulgence in food, especially sweets, not the least of

which is the effort to assuage worry, frustration or sheer boredom. This indiscretion, which can be compared in a benign way to over-indulgence in tobacco or alcohol, is a means of seeking substitute gratification—with food—and goes back to one of the first pleasures man enjoys in infancy—a full tummy. The denial of this food, even if self-determined, is still accomplished at the sacrifice of the gratification sought by the patient.

In summation, it would seem to me that the special forte of hypnosis in such cases is:—

1. The knowledge of assistance and personal interest in the subject from a source outside herself, e.g.—the hypnotist.

2. The fact that the hypnotic dependence is only temporary and ultimately the subject assumes all responsibility and therefore may also claim credit for results attained.

3. That there is no sense of sacrifice or denial, inimical to the patient's emotional welfare or happiness.

4. From a purely physical viewpoint, there is no disturbance of the body metabolism or lowering of resistance to infection so often concomitant with very rigid diets and medication.

5. Since the use of hypnosis as in case 35B ensures the subject of a gradual weight loss, it is much more likely to be a permanent one.

6. The confidence which naturally accrues to the subject when she is able to appreciate the cosmetic improvement in her appearance.

I know that M.S. is sold on this efficient but pleasant way to a slim figure and hope more of you stout gals will try it.

Your motto might very well be: "Lose weight and be happy doing it". Or shall we call it a "formula"?

### Directory of Hypnotists

The hypnotists listed in this directory are available for demonstration, auto-suggestion, etc. The rate for having your name, address and phone number listed here is \$1.00 per issue or \$4.00 for a full year.

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## Hypnotism in the News

By FRANK GRAHAM

FOCUS MAGAZINE recently featured an article on Bill Risley, of El Paso, Texas. Titled, MARINE HYPNOTIST, the article was a four page spread with three photographs. Risley is an ex-machine gunner now with The First Marine Division's Special Services Section. The story explains that Bill first became interested in hypnotism at the age of 12 and later studied under Clifford Leroy of Denver, Colorado.

Incidentally, Daniel Schmidt, prominent hypnotist currently in New York tells us that the U.S.O. has banned hypnotism shows. There might be a good story behind this and we will try our best to get it.

Dr. James T. Killeen, of Mansfield, Ohio, recently hit the papers with a story titled, HYPNOSIS DEMONSTRATED IN EXTRACTION OF TEETH. The article described a demonstration before the Central Ohio Dental Society. Another step forward for hypnotism. Dentists are learning that patients are happy to have teeth pulled under hypnosis when they are told it will be painless. I was recently told that about 25 dentists are now using hypnotism in the Boston area. Many of these were taught by Dr. Rexford L. North, publisher of the Journal.

Dr. Killeen seems to be very busy promoting hypnotism these days. Dental Items Of Interest Magazine will soon publish an article titled, WILL HYPNODONTIA REVOLUTIONIZE DENTAL PRACTICE? The co-author of this article is Dr. H. Huedorf, prominent dentist of Galion, Ohio. Your Psychology Magazine will also soon publish an article by Dr. Killeen titled, MAYBE YOUR ALLERGY IS MENTAL.

Dr. William Philips of Bessemer, Alabama suggested that we should try to list magazine articles BEFORE publication as it is annoying to find out about them AFTER publication and then be unable to find that issue because it is too late. We are starting to do that. We will try our best to list more articles hereafter before they are published. We ask your cooperation in letting us know of any. We are also contacting magazine publishers requesting this data.

## Questions and Answers (continued)

which reproduces the voice of a man who is many miles away lacks this subtle influence.

Q. I am very much interested in hypnotism, and would like to learn under the supervision of an instructor. Can you recommend a good hypnotist, in Texas, who teaches this subject?

E. X. L., McAllen, Tex.

A. My mail is just full of inquiries such as these, and in most cases I can do nothing to help except to reiterate my plea that qualified instructors and schools list themselves under "Instruction" in the Journal. It should be apparent to everyone that a magazine like the Journal, with its circulation growing by leaps and bounds, and a readership enthusiastically interested in hypnotism, would bring in considerable business for hypnotists in any part of the country, just as it is doing for me. I have practically been forced to maintain a class on Wednesday nights (for advance students only) to take care of students from this area who contact me as a result of my listing in the Journal.

Q. Would evidence obtained from a criminal while under hypnosis be valid enough to be accepted in court?

J. B. C., Newport News, Va.

A. In general, no. Such evidence would not be valid unless it were obtained by a highly skilled psychologist in conjunction with other methods of investigation such as the so-called lie-detector, association tests, etc. A simple assertion, for example, of innocence or guilt, obtained from an alleged criminal under hypnosis, would be of no value whatever for several reasons: first, a clever person could fake the hypnotic state and protest his innocence whether he is truly innocent or not; secondly, a really hypnotized criminal might, under relentless prodding by his interrogators, finally admit guilt in spite of being innocent, just to obtain surcease from the third-degree type of torture. Remember too that a hypnotized person tends to believe whatever he is told—repeated accusations of guilt might result, therefore, in his accepting it as a hypnotic suggestion and thus admitting a false guilt. There are many other angles that could be mentioned in this regard, but space does not permit a full discussion in this column.

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A regular feature in which recent and out of print books and papers on the subject of hypnotism, both domestic and foreign, will be catalogued. A complete reference file will be the eventual result.

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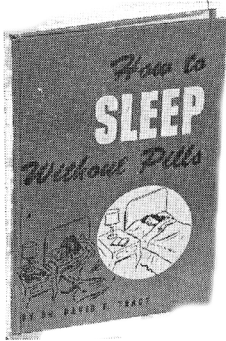
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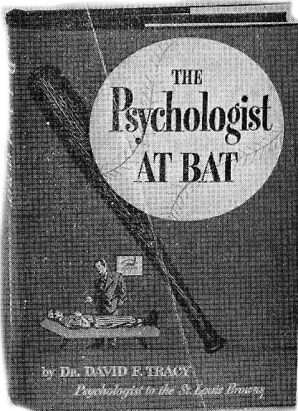
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